(highest vs. lowest category HR=1.98, 95% CI: 0.94–4.16, p = 0.07, trend HR=1.23, 95% CI: 0.96–1.57, p = 0.10) and when BMI was included (trend HR=1.21, 95% CI: 0.94–1.55, p = 0.13).

Conclusion The association between PA and cancer risk is dependent on the age at which PA is measured. This possibly reflects occupational activity and differences in general medical health with age or residual confounding. The associations were similar when adjusted for BMI, suggesting an independent mechanism of PA. If the inverse association of increased PA in younger participants is causal, one in six cases of pancreatic cancer might be prevented by encouraging more PA. Aetiological studies should measure PA at different ages when investigating pancreatic cancer. Disclosure of Interest None Declared.

**REFERENCES**

1. Oberg K et al. Pancreas 2011
5. Disclosure of Interest None Declared.
examination improved yield to 100% without significantly lengthening the procedure duration.

REFERENCE

Disclosure of Interest None Declared.

**PTH-095**
PORTAL HYPERTENSION DUE TO SPLANCHNIC VENOUS THROMBOSIS FOLLOWING OPEN OR SKUNK WIRE NECROSECTOMY OF ACUTE SEVERE PANCREATITIS

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Introduction
Isolated splenic vein thrombosis (ISVT) is a well-recognised complication of acute pancreatitis with incidences ranging widely but more recently in a large meta analysis reported as approximately 14% with a reported incidence of varices of 53% and a GI haemorrhage rate of 12.3%. There is however less available published data on the incidence and natural history of splanchic vein thrombosis that occurs with severe necrotizing pancreatitis requiring percutaneous or open necrosectomy.

Our aim was to retrospectively review all patients who underwent minimal access retroperitoneal pancreatic necrosectomy (MARPN) at RLUH from 1998 to 2012 to assess the incidence, natural history and complications of splanchic vein thrombosis.

Methods
Using a hospital held database we identified all patients who had undergone MARPN or open necrosectomy and had an electronic hospital record. We assessed patient characteristics the incidence of splanchic vein thrombosis at presentation, at most recent cross sectional imaging, complications of portal hypertension including incidence of varices and varical haemorrhage.

Results
We identified 191 patients who had undergone necrosectomy. 46 cases were excluded from the final analysis as imaging reports made no comment on the portal venous system. The mean age was 56.1 years with a mean apache score of 9 on admission. Overall 31.7% (n = 46) underwent open necrosectomy and 68.3% MARPN necrosectomy. The results are outlined in Table 1.

Conclusion
The incidence of splanchic venous thrombosis in pancreatitis requiring necrosectomy is much higher than previously reported cases series assessing ISVT in patients with acute pancreatitis. The true natural history remains splanchic venous thrombosis related to pancreatitis remains unknown, however in our case series the recanalisation rate was low. However in severe necrotizing pancreatitis portal venous complications should be actively investigated and UGI endoscopy to examine for varices should be carried out such that prophylaxis against varical haemorrhage can be used where appropriate.

Disclosure of Interest None Declared.

**Abstract PTH-095 Table 1**

<table>
<thead>
<tr>
<th>Number solid pancreatic masses sampled</th>
<th>Number malignancy confirmed</th>
<th>False negative for malignancy on clinical /radiological findings</th>
<th>Insufficient sample</th>
<th>True negative for malignancy, on clinical /radiological findings</th>
<th>Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre 1 28</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Centre 2 14</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Centre 3 17</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>92%</td>
</tr>
<tr>
<td>Centre 4 18</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>88%</td>
</tr>
<tr>
<td>Total 77</td>
<td>64</td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>96%</td>
</tr>
</tbody>
</table>

**Disclosure of Interest** None Declared.

**PTH-096**
THE SENSITIVITY OF EUS FNA OF SOLID PANCREATIC LESIONS, WORKING FROM A REGIONAL MDT AND WITHIN A REGIONAL NETWORK

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Introduction
Endoscopic ultrasound (EUS) guided sampling of advanced malignant pancreatic lesions is increasingly being performed in order to confirm malignancy prior to chemotherapy and or treatment. Meta-analysis of 33 studies examining solid lesion EUS FNA tissue acquisition in 4984 patients showed a pooled sensitivity of 85%, increasing to 91% if suspicious atypia was included \(^1\). Higher sensitivities have been demonstrated in large volume single operator centres where sensitivities of 92–97% \(^2,3\) have been reported.

The four Wessex EUS centres all work from a regional HPB MDT, where pancreatic cases are discussed and EUS procedures requested. Each centre has two EUS operators, performing between 148 and 214 cases per annum. Additionally the regional EUS endoscopists, pathologists and biomedical technicians meet...